

STANLEY  
URBAN DISTRICT COUNCIL  
(Yorks.)

# REPORT

*of the*

Medical Officer of Health

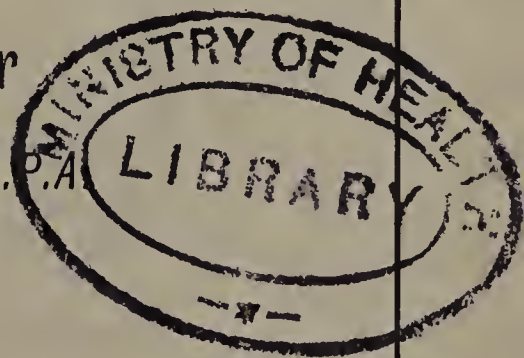
*A. L. TAYLOR, M.D., D.P.H.*

*and the*

Sanitary Inspector

*R. BLAKEY, LL.B. (Hons.), D.P.A.*

For the Year 1949



WAKEFIELD:  
W. H. MILNES LTD., 16 WOOD STREET



# Stanley (Yorks.) Urban District Council



## ANNUAL REPORT

For the Year ended 31st December, 1949

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*To the Stanley Urban District Council.*

GENTLEMEN,

I have the honour to present my Report for the year ended 31st December, 1949, on the Health and Sanitary Circumstances of your area.

Area : 5,169 acres.

Census figures, 1931 : 15,885.

Registrar General's Estimate for 1949 : 16,620.

Number of inhabited houses 1949, according to rate book, 4,957.

Rateable Value, Year commencing 1-4-49 : £63,302.

Net product of a penny rate, Year commencing 1-4-49 : £238 17s. 8d.

Statistics  
and Social  
Conditions  
of the Area

The Urban District of Stanley is bounded on the South side by the City of Wakefield, on the North by the Urban District of Rothwell, on the West by the Boroughs of Morley and Ossett, and on the East by the Urban Districts of Rothwell and Normanton and the Rural District of Wakefield.

This report will follow conventional lines except that I think it advisable to include some short, general account of the Public Health Services operating throughout the Division. This, you will remember, comprises the Urban Districts of Stanley, Rothwell and Garforth. The information thus given should be of general interest to all constituent members and will, I hope, make possible an understanding of some of the problems which have to be tackled and the way that this is attempted.



Statistically, the report is good; no serious epidemic of Infectious Disease has occurred. The Infantile Mortality Rate at 25·27 is the lowest ever recorded. The Death Rate is similar to that throughout the country and is low. Almost all deaths now occur in the later age groups, with the sole and regrettable exception of Tuberculosis which remains the only important cause of death in the 14 — 45 age group. Two deaths attributable to puerperal causes, that is to say associated with pregnancy or childbirth, took place. One was a patient who discharged herself from Hospital against medical advice whilst seriously ill from severe toxæmia. The second developed a severe generalised rheumatism about half way through the gestation period and in spite of every effort made by the Maternity Hospital, succumbed to her disease.

It is unfortunate that once again three deaths from Gastro-enteritis occurred in infants under one year of age. Gastro-enteritis in infants, as I pointed out last year, must be regarded as a preventable disease and as being almost always due to faulty technique in artificial feeding. One feels that the only remedy lies in intensive education of mothers in the direction of the greatest possible percentage of Breast feeding, or most careful sterilisation of bottles and teats used in infant feeding.

The housing position remains extremely unsatisfactory. Circumstances prevailing in 1948, have undergone no appreciable improvement. The rapid deterioration of large numbers of the older houses, together with the impossibility of replacing them by new construction, is making the task of housing adequately large numbers of our citizens virtually impossible. The policy of representing Individual Unfit houses is still the one which has, perforce, to be followed.

I have made reference in my Divisional report to the Home Help, Midwifery, Home Nursing, Health Visiting and Clinic Services. The remarks contained in those sections apply with equal force to all parts of the Division and can be taken as characteristic of the position as it obtains in this area.

I should like, once again, to take this opportunity of expressing to Mr. Blakey and the staff of his Department my thanks for the ready help they have given throughout the year. The Chairman and Members of the Council and particularly the Chairman and Members of the Health Committee have also been most willing to listen with understanding and sympathy to any matter to which I have raised, and I should like to take this opportunity of thanking them for their courtesy.

I beg to remain, Gentlemen,

Your obedient Servant,

A. L. TAYLOR.

## Vital Statistics in 1949—Stanley Urban District.

			M.	F.	Total	
Live Births—Legitimate	...	...	139	131	270	Live Births
Illegitimate	...	...	4	3	7	
Total	...		143	134	277	

			M.	F.	Total	
Still Births—Legitimate	...	...	2	2	4	Still Births
Illegitimate	...	...	—	—	—	
Total	..		2	2	4	

Birth rate (live and still) per 1,000 of the estimated resident Birth Rate population : 16·91.

			M.	F.	Total	
Deaths	...	...	98	73	171	Deaths

Death rate per 1,000 of the estimated resident population : 10·3.

	Deaths.	Rate per 1,000 total (live and still) Births.
Deaths from Puerperal Causes :—		
Puerperal Sepsis	...	—
Other Puerperal Causes	3	10·07

Death rate of Infants under 1 year :—

All Infants per 1,000 live births	...	25·27
Legitimate Infants per 1,000 legitimate live births	...	25·92
Illegitimate Infants per 1,000 illegitimate live births	...	—

Deaths from Diarrhoea (under 2 years of age) :		3
Rate per 1,000 population	...	0·18
Rate per 1,000 live births	...	10·83

Deaths from Measles (all ages)	...	—
Deaths from Whooping Cough (all ages)	...	—
Deaths from Cancer (all ages)	...	27·00

Deaths in  
Age Groups

				Males.	Females.	Total.
Under 1 year	...			3	4	7
1—5 years	...	...		1	—	1
5—10	„	...	...	3	2	5
10—15	„	...	...	—	—	—
15—20	„	...	...	—	1	1
20—25	„	...	...	1	1	2
25—35	„	...	...	1	5	6
35—45	„	...	...	6	4	10
45—55	„	...	...	10	7	17
55—65	„	...	...	17	10	27
65—70	„	...	...	14	9	23
70—75	„	...	...	13	8	21
75—80	„	...	...	12	10	22
80—85	„	...	...	12	7	19
85—90	„	...	...	5	5	10
90 year and over	...			—	—	—
Totals	...	...		98	73	171

## Death Rate

The death rate for the district was 10·29 per 1,000 population.

Infantile  
Mortality  
Rate

The table shews the infantile rates for the past 25 years.

1925	...	...	103·0	1937	...	...	29·4
1926	...	...	98·3	1938	...	...	69·5
1927	...	...	67·3	1939	...	...	42·9
1928	...	...	81·1	1940	...	...	79·29
1929	...	...	62·3	1941	...	...	37·8
1930	...	...	65·8	1942	...	...	47·6
1931	...	...	60·2	1943	...	...	54·2
1932	...	...	84·5	1944	...	...	50·2
1933	...	...	56·1	1945	...	...	45·0
1934	...	...	85·0	1946	...	...	31·74
1935	...	...	30·1	1947	...	...	53·07
1936	...	...	34·7	1948	...	...	32·26
1949.....25·27							

The number of infantile deaths, i.e., deaths of infants under one year of age, during 1949 was 7.

## Inquests

8 inquests and 7 post mortems were held in the district during the year.

INFANTILE MORTALITY IN 1949.

Nett deaths from stated causes under one year of age in Stanley Urban District.

CAUSES OF DEATH.	Under 1 Week.	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	Total under 1 Month.	1—3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	Total under 1 Year.
Premature Birth, Malformation, etc. .. ..	2	..	..	..	2	..	1	..	..	3
Enteritis and Diarrhoea ..	..	..	..	..	..	1	2	..	..	3
Bronchitis .. ..	..	..	..	..	..	..	1	..	..	1
Totals ..	2	..	..	..	2	1	4	..	..	7

3 children under 2 years of age died from enteritis and diarrhoea during 1949.

The Neo-Natal Mortality Rate (the mortality rate during the first month of life) for 1949 was 7·2 per 1000 registered live births.

Deaths of Children under 2 years of age during 1949 from Enteritis and Diarrhoea

Neo-Natal Mortality Rate



Comparison with previous years is offered in the table below :—

1932	...	...	32·9	1941	...	...	21·1
1933	...	...	20·4	1942	...	...	29·3
1934	...	...	45·0	1943	...	...	33·9
1935	...	...	21·1	1944	...	...	35·5
1936	...	...	17·4	1945	...	...	30·0
1937	...	...	24·5	1946	...	...	15·8
1938	...	...	30·4	1947	...	...	19·5
1939	...	...	55·0	1948	...	...	12·9
1940	...	...	52·8	1949	...	...	7·2

Zymotic  
Death Rate

	Scarlet Fever.	Measles.	Whooping Cough.	Diphtheria.	Enteric.	Small Pox.	Diarrhoea, under 2 years.	Zymotic Death Rate.
No. of Deaths ..	—	—	1	1	—	—	3	0·18



## Causes of Death in 1949.

CAUSES OF DEATH					MALES.	FEMALES.
All Causes .. .. .					98	73
1.	Typhoid and paratyphoid fevers	..	..	..	..	..
2.	Cerebro-Spinal fever	..	..	..	1	..
3.	Scarlet Fever	..	..	..	..	..
4.	Whooping Cough	..	..	..	..	..
5.	Diphtheria	..	..	..	..	..
6.	Tuberculosis of respiratory system	..	..	..	2	3
7.	Other forms of Tuberculosis	..	..	..	1	..
8.	Syphilitic diseases	..	..	..	..	..
9.	Influenza	..	..	..	..	1
10.	Measles	..	..	..	..	..
11.	Acute Polio-myelitis and Polio encephalitis	..	..	..	1	..
12.	Acute infantile encephalitis	..	..	..	..	..
13.	Cancer of buc : cav : and oesoph : (M.), uterus (F.)	..	..	..	2	2
14.	Cancer of stomach and duodenum	..	..	..	2	..
15.	Cancer of breast	..	..	..	..	3
16.	Cancer of all other sites	..	..	..	9	9
17.	Diabetes	..	..	..	..	1
18.	Intercranial vascular lesions	..	..	..	14	4
19.	Heart Disease	..	..	..	29	26
20.	Other circulatory diseases	..	..	..	4	2
21.	Bronchitis	..	..	..	5	..
22.	Pneumonia	..	..	..	2	5
23.	Other respiratory diseases	..	..	..	3	1
24.	Ulcer of stomach or duodenum	..	..	..	1	..
25.	Diarrhoea, under 2 years	..	..	..	1	2
26.	Appendicitis	..	..	..	..	..
27.	Other digestive diseases	..	..	..	4	1
28.	Nephritis	..	..	..	2	1
29.	Puerperal and post-abortion : sepsis	..	..	..	..	..
30.	Other maternal causes	..	..	..	..	3
31.	Premature birth	..	..	..	1	..
32.	Con : mal : birth inj : infant : dis :	..	..	..	1	1
33.	Suicide	..	..	..	1	..
34.	Road Traffic Accidents	..	..	..	1	1
35.	Other violent causes	..	..	..	4	3
36.	All other causes	..	..	..	7	4
Deaths of					3	4
Infants					3	4
under 1 year.					..	..
Total					143	134
Legitimate					139	131
Illegitimate					4	3
Total					2	2
Legitimate					2	2
Illegitimate					..	..
Population (Resident)					16,620	
Comparability Factor					1'12	

BIRTH-RATES, CIVILIAN DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL DEATH-RATES, AND CASE-RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1949.

{ England and Wales, London, 126 Great Towns and 148 Smaller Towns.

(Provisional Figures based on Weekly and Quarterly Returns).

	Stanley U.D.C.	England and Wales	126 County Boroughs and Great Towns including London	148 Smaller Towns (Resi- dent Popula- tion 25,000 to 50,000 at 1931 Census).	London Adminis- trative County
Rates per 1,000 Civilian Population.					
<b>Births :—</b>					
Live Births ..	16.66	16.7 *	18.7	18.0	18.5
Still Births ..	0.24	0.39*	0.47	0.40	0.37
<b>Deaths :—</b>					
All Causes ..	10.3	11.7 *	12.5	11.6	12.2
Typhoid and Paratyphoid ..	0.00	0.00	0.00	0.00	0.00
Whooping Cough ..	0.00	0.01	0.02	0.01	0.01
Diphtheria ..	0.00	0.00	0.00	0.00	0.00
Tuberculosis ..	0.36	0.45	0.52	0.42	0.52
Influenza ..	0.00	0.15	0.15	0.14	0.11
Smallpox ..	0.00	0.00	0.00	0.00	0.00
Acute Polio-myelitis & Polio-encephalitis ..	0.062	0.01	0.02	0.02	0.01
Pneumonia ..	0.42	0.51	0.56	0.49	0.59
<b>Notifications :—</b> (Corrected)					
Typhoid Fever ..	0.00	0.01	0.01	0.01	0.01
Paratyphoid ..	0.00	0.01	0.02	0.01	0.01
Cerebro Spinal Fever ..	0.00	0.02	0.03	0.02	0.02
Scarlet Fever ..	1.26	1.63	1.72	1.83	1.46
Whooping Cough ..	5.11	2.39	2.44	2.39	1.70
Diphtheria ..	0.00	0.04	0.05	0.04	0.07
Erysipelas ..	0.03	0.19	0.20	0.19	0.17
Smallpox ..	0.00	0.00	0.00	0.00	0.00
Measles ..	10.89	8.95	8.91	9.18	8.54
Pneumonia ..	1.50	0.80	0.91	0.65	0.55
Acute Polio-myelitis ..	0.00	0.13	0.13	0.12	0.18
Acute Polio- encephalitis ..	0.00	0.01	0.01	0.02	0.01
Food Poisoning ..	0.00	0.14	0.16	0.14	0.19
<b>Deaths :—</b>					
Rates per 1,000 Live Births.					
All causes under 1 year of age ..	25.27	32 †	37	30	29
Enteritis and Diarrhoea under 2 years of age ..	10.83	3.0	3.8	2.4	1.7
<b>Notifications :—</b> (Corrected)					
Rates per 1,000 Total (Live and Still) Births.					
Puerperal Fever and Pyrexia ..	0.00	6.31	8.14	5.30	6.82

Maternal Mortality in England and Wales

	Stanley U.D.C.	Rates per 1,000 Total (Live and Still) Births	Rates per million women aged 15-44
140 Abortion with Sepsis ..	0.00	0.11	8
141 Abortion without Sepsis ..	0.00	0.05	4
147 Puerperal Infections ..	0.00	0.11	
142-146, 148-150 Other Maternal Causes ..	10.68	0.71	

\* Rates per 1,000 total Population.

† Per 1,000 related births.

## Principal Vital Statistics for the year 1949.

				Stanley Urban District	Aggregate of Urban Districts	Aggregate of Rural Districts	West Riding Admin. County	England and Wales
Population	..	..	..	16,620	1163630	413870	1577500	*
Births	{	Males	..	143	10081	3927	14008	*
		Females	..	134	9491	3677	13168	*
		Total	..	277	19572	7604	27176	*
Deaths	{	Males	..	98	7471	2402	9873	*
		Females	..	73	7115	2062	9177	*
		Total	..	171	14586	4464	19050	*
Deaths under one year	{	Males	..	3	398	186	584	*
		Females	..	4	322	131	453	*
		Total	..	7	720	317	1037	*
Still Births	{	Males	..	2	261	97	358	*
		Females	..	2	224	92	316	*
		Total	..	4	485	189	674	*
Total Live and Still Births				281	20057	7793	27850	*
CRUDE RATES.								
Birth	..	..	..	16.7	16.8	18.4	17.2	16.7
Death	..	..	..	10.3	12.5	10.8	12.1	11.7
Cancer	..	..	..	1.62	1.88	1.61	1.81	1.87
Heart and Circulatory	..	..	..	3.67	4.36	3.70	4.19	*
Diarrhoea under 2 per 1,000 live births	..	..	..	10.83	3.01	3.95	3.27	3.0
Zymotic	..	..	..	0.18	0.08	0.09	0.08	*
Respiratory Diseases	..	..	..	0.96	1.48	1.31	1.44	*
Respiratory T.B.	..	..	..	0.30	0.32	0.31	0.32	0.40
Other T.B.	..	..	..	0.06	0.05	0.06	0.05	0.05
Total T.B.	..	..	..	0.36	0.37	0.37	0.37	0.45
Puerperal Sepsis	..	..	..	0.00	0.15	0.13	0.15	0.22
Other Maternal	..	..	..	10.68	0.60	0.90	0.68	0.76
Total	..	..	..	10.68	0.75	1.03	0.83	0.98
Infantile Mortality	..	..	..	25	37	42	38	34

\* Figures not available.

All the Maternal Mortality Rates quoted in this Schedule are per 1,000 Live and Still Births.



## SECTION B.

## General Provisions of Health Services in the Area.

## PUBLIC HEALTH OFFICERS.

\*Medical Officer of Health (part time):—Dr. A. L. Taylor, M.D., D.P.H.

\*Chief Sanitary Inspector:—R. Blakey. Bachelor of Laws (2nd class honours), Diploma in Public Administration (Leeds University), Cert. R.S.I., M.S.I.A., Certified Inspector of Meat and Other Foods.

\*Additional Sanitary Inspector:—D. Walker, Cert. R.S.I. A.R.S.I., M.S.I.A., Certified Inspector of Meat and Other Foods.

Clerk:—Mr. R. Thorp

Do. Mr. J. Bulmer.

\*Half the salaries of these officers is paid by the County Council.

## Laboratory Facilities

Laboratory facilities were freely given by the Medical Research Council Laboratory at Wakefield. Help has always been prompt and readily forthcoming, and co-operation has been friendly and willing.

## Food and Drugs

Milk samples are submitted to the Country Analyst at Bradford, as are samples of water and foodstuffs.

## Ambulance Facilities

I am glad to be able to report steady and progressive improvement in this Service. The initial gross overloading has somewhat lessened and the provision of new vehicles, together with the system of radio control, has done much to reduce delays. At the same time, it is necessary to stress the responsibility which rests on the public to use ambulance facilities with restraint and common sense. Only thus can one ensure that the really urgent case can be promptly attended to.

## Nursing in the Home

This Service is an extremely valuable one, and is competently carried out in the Stanley area by three Home Nurses. Shortage of Hospital beds means earlier discharge of patients, and in some cases their retention at home during the whole period of nursing need. It is satisfactory to note that so far as one can ascertain, no complaint has arisen throughout the year and all demands have fully been met.



Ante-Natal and Child Welfare Clinics have operated throughout the year at Stanley, Outwood and Wrenthorpe. **Clinics and Treatment**

All Infectious Diseases needing Hospitalisation are now **Hospitals** admitted either to Seacroft Hospital, Leeds, or to Snapethorpe Hospital at Wakefield. The marked and increasing reduction in the numbers of cases needing admission to Hospital has made the concentration into one or two larger Hospitals a workable proposition. It is pleasing to note no ill effect from the present-day practice of nursing at home all cases of Scarlet Fever for which the family doctor does not consider Hospital beds necessary. Diphtheria has disappeared, one hopes for ever.

Arrangements for the admission of Smallpox cases, should they arise, are in the hands of the Regional Hospital Boards, on whom has devolved the responsibility for this provision.

**General Hospitals.**--Wakefield General Hospital, Clayton Hospital, Wakefield, the General Infirmary at Leeds, and the Hospital for Women, Leeds, still admit the bulk of the cases from the Stanley area. Some few are taken to Staincliffe Hospital, Dewsbury, or to St. James's Hospital, Leeds. Some concern must be expressed at the gradually increasing delay experienced in obtaining admission of the less acute types of illness; delay, for example, in obtaining treatment for tonsils and adenoids is increasing, and is now said to have reached two years at one large Hospital. The fact that earlier treatment can be obtained on payment of a fee, gives little comfort to those who are unable to afford this luxury.

Three Midwives have been in practice in the Stanley area throughout the year. All have made large and increasing use of their Gas and Analgesia machines. Analgesia is much appreciated by the mothers and removes from childbearing a great measure of its terrors. **Midwifery and Maternity Services**

## SECTION C.

No change has occurred during the year in the arrangements for the water supply of the District. Two samples were taken and the results are appended. There are no stand pipes nor wells in the District. **Water**

Total Solids	...	..	13·0	12·0
Chlorides	...	...	1·8	1·4
Nitrites	...	...	—	—
Nitrates	...	...	Trace	Trace
Free Ammonia	...	...	·002	·002
Albuminoid	...	...	·002	·01
Metals	...	...	—	—
Total Hardness	...	...	4·4	5·0
pH. Value	...	...	7·0	7·6

The chemical data are satisfactory.

#### Sewage Works

No major modification of the Sewage Works has been possible, nor does it appear likely in the near future. Once again it is necessary to mention the fact that a radical scheme must be undertaken at some future date and that the present works cannot be considered to come into line with modern needs and practice.

#### Drains and Sewers

There has been no complaint during the year respecting the sewers and no large development other than the normal extensions necessitated by the construction of new houses.

#### Closet Accommodation

Nine privies were converted to W.C.'s during the year. Once again, a table is given showing the number and type of closets and comparison with 1926.

<i>Year</i>	<i>No. of Privies</i>	<i>No. of W.C.'s</i>	<i>No. of Waste W.C.'s</i>
1926	1,092	1,387	12
1949	124	4,609	12

#### Public Cleansing

The cleansing of the District is done by direct labour and the Service has been adequately maintained. The mechanical gully emptier is employed for the emptying of cesspools and this is done without nuisance. There are 15 cesspools in the district and these are emptied monthly.

**Infectious Disease Prevention.**

Inspections	...	...	...	...	21
Further Enquiries	...	...	...	...	—
Disinfections	...	...	...	...	21
Schools Disinfected	...	...	...	...	—
Miscellaneous Visits	...	...	...	...	—
Scabies Visits	...	...	...	...	—
					—

Sanitary  
Inspection  
of Area

42

**Milk and Dairies.**

Inspections of Cowsheds and Dairies	...	...	...	...	41
Milk Samples taken	...	...	...	...	47
					—

88

**Food and Drugs Inspections.**

Meat Inspections	...	...	...	...	408
Bakehouses	...	...	...	...	23
Food Inspections...	...	...	...	...	49
Ice Cream Sampling	...	...	...	...	—
Water Sampling...	...	...	...	...	2
Shop Inspections	...	...	...	...	26
					—

508

**Housing.**

Houses inspected and recorded	...	...	...	...	174
General Surveys	...	...	...	...	168
Council Houses	...	...	...	...	33
Public Health Act Inspections	...	...	...	...	157
Re-visits	...	...	...	...	124
					—

656

**Offensive Trades.**

Inspections of Knackers Yards	...	...	...	...	5
„ „ Blood Boiling premises	...	...	...	...	—
					—

5

**Sanitary Matters.**

Inspections for Nuisances	...	...	...	...	308
„ of Verminous Premises	...	...	...	...	38
„ of Privies	...	...	...	...	81
„ of Piggeries	...	...	...	...	11
„ for Rat infestations	...	...	...	...	283
„ of new Drains	...	...	...	...	7
Drains Tested	...	...	...	...	67
Smoke observations	...	...	...	...	47
					—

842



## Scavenging.

Inspections	...	...	...	...	16	
Refuse Tips	...	...	...	...	135	
Supervision of Workmen	...	...	...	...	85	
					—	236
Factories and Workshops	...	...	...	...	53	
Tents, Vans and Sheds	...	...	...	...	20	
Council House Complaints	...	...	...	...	638	
Inspection of repairs	...	...	...	...	342	
Miscellaneous	..	...	...	...	243	
Interviews	...	...	...	..	450	
					—	1796
Number of Statutory Notices (Housing Act and Public Health Acts)						43
Number of Statutory Notices (Sect. 17 of the Housing Act, 1936)						—
Number of Nuisances abated on serving Statutory Notice (Public Health Acts)						34

**Shops Act**      No complaint or action has been necessary in respect of any of the shops in the area.

**Camping Sites**      There are no official camping sites in the area.

**Smoke Abatement**      Lofthouse Colliery has been a source of considerable annoyance owing to the unprecedented emanations of smoke. All efforts to abate this nuisance have been unavailing and various reasons are adduced to account for the enormous pall of smoke poured out at all times of the day. Hope for the future lies in the assurance that electrification of the Colliery is proceeding and that on its completion the smoke stack will no longer be used. When this comes about, the benefit to the District in terms of cleanliness will be enormous.

**Colliery Spoil Heaps**      It is pleasing to record that, during the year, the spoil heaps which have given so much trouble in the past, have been the source of practically no annoyance. The officials concerned have been unfailingly friendly and co-operative and all approaches have been met with courtesy.

**Eradication of Bed Bugs**      38 houses were reported upon as verminous and were sprayed with D.D.T. liquid. The results were uniformly satisfactory.



No offensive trade is carried on in the district other than **Offensive Trades** one Knacker's Yard.

44 visits have been paid to the 26 fish shops in the area. In all cases, high standards of cleanliness have been maintained.

**Inspection for purposes of provisions as to health.**  
(including inspections made by Sanitary Inspector)

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. .. .	1	2	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority .. .. .	42	51	—	—
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	—	—	—	—
<b>TOTAL</b>	<b>43</b>	<b>53</b>	<b>—</b>	<b>—</b>

**Cases in which DEFECTS were found.** (If defects are discovered on two, three or more separate occasions they should be reckoned as two, three or more cases).

				No. of cases in which defects were found				Number of cases in which Prosecutions were instituted
				Found	Remedied	Referred		
						to H.M. Inspector	by H.M. Inspector	
Want of cleanliness	..	..	--	--	--	--	--	
Overcrowding	..	..	--	--	--	--	--	
Unreasonable temperature	..	..	--	--	--	--	--	
Inadequate ventilation	..	..	--	--	--	--	--	
Ineffective drainage of floors		..	--	--	--	--	--	
Sanitary Conveniences :—								
Insufficient	..	..	--	--	--	--	--	
Not separate for sexes	..	..	--	--	--	--	--	
Unsuitable or defective	..	..	--	--	--	--	--	
Other offences against the Act (not including offences relating to Outwork)	..		--	--	--	--	--	
Total	..	..	--	--	--	--	--	

### Outwork.

Nature of Work	Section 110			Section 111		
	No. of out workers in August list required by Sec. 110 (1)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices Served	Prosecutions
WEARING APPAREL :—						
Making, etc. ..	3	—	—	—	—	—
Cleaning and washing	—	—	—	—	—	—
Textile Weaving ..	—	—	—	—	—	—
TOTAL ..	3	—	—	—	—	—

## SECTION D.

## HOUSING STATISTICS.

- i. **Inspection of Dwelling Houses during the year.**
  - 1a. Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... .. 331
  - b. Number of Inspections made for the purpose ... 623
  - 2a. Number of dwelling houses (included under sub-head 1 above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1942 ... .. 174
  - b. Number of Inspections made for the purpose ... 342
  3. Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... .. 174
  4. Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects fit for human habitation ... .. —
2. **Remedy of Defects during the year without the service of Formal Notices.**

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... .. 326
3. **Action under Statutory Powers during the year.**
  - a. Proceedings under section 9, 10 and 16 of the Housing Act, 1936 :
    1. Number of dwelling-houses in respect of which notices were served requiring repair 9
    2. Number of dwelling-houses which were rendered fit after service of formal notices :
      - a. By owners ... .. 9
      - b. By Local Authority in default of owners ... .. —
  - b. Proceedings under the Public Health Act 1936 :
    1. Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... .. 34

2. Number of dwelling-houses in which defects were remedied after service of formal notices :	
a. By owners ... ..	34
b. By Local Authority in default of owners ... ..	—
c. Proceedings under Section 11 and 13 of the Housing Act, 1936 :	
1. Number of representations etc. made in respect of dwelling-houses unfit for human habitation .. .. .	12
2. Number of dwelling-houses in respect of which Demolition Orders were made ...	12
3. Number of dwelling-houses demolished in pursuance of Demolition Orders . . . . .	7
4. Number of dwelling-houses in respect of which undertakings were accepted from owners :	
a. To render houses fit for human habitation ... ..	—
b. As to usage other than for human habitation ... ..	5
d. Proceedings under Sections 12 of the Housing Act, 1936 :	
1. Number of separate tenements or underground rooms in respect of which Closing Orders were made ... ..	—
2. Number of separate tenements or underground rooms closed in pursuance of Closing Orders ... ..	—
3. Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined the tenement or room having been rendered fit ... ..	—
4. Number of New Houses erected during 1949 :	
a. By Local Authority ... ..	73
b. By Private Enterprise ... ..	2
5. Overcrowding.	
a. Number of dwelling-houses overcrowded at the end of the year ... ..	79



b.	Number of families dwelling therein	...	...	168
c.	Number of persons dwelling therein	...	...	495
d.	Number of new cases of overcrowding reported during the year	...	...	4
e.	1. Number of cases of overcrowding relieved during the year	...	...	5
	2. Number of persons concerned in such cases	...	...	24
f.	Particulars of any cases in which dwellinghouses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	...	...	—
g.	Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report	...	...	—

Accurate overcrowding figures are not available and even were they to hand, present position of new accommodation would make any plan of action impracticable. Under the unfortunate circumstances prevailing, one has no option but to turn a blind eye on many distressing aspects of the overcrowding problem.

174 houses were inspected and recorded with a view to action under the Housing Act as soon as it is possible to re-house the occupants.

All other defects were dealt with under the Public Health Act, 1936, thus conforming to the procedure adopted in previous years.

12 houses were represented to the Council as being entirely unfit for human habitation, and incapable of being rendered fit at reasonable cost.

Since commencing housing operations on a large scale in 1935, the following clearance areas and individual unfit houses have been dealt with :—

#### Clearance Areas :—

Number of Clearance Areas declared	...	48
Number of houses therein	...	279
Number of persons involved	...	994
Number of Clearance Orders confirmed	...	48

## Individual unfit houses :—

Number of houses represented	...	...	131
Number of Demolition Orders	...	...	90
Number of Closing Orders ...	...	...	14
Number of undertakings to repair	...	...	22

During 1949 the Council completed 75 permanent houses. There were 2 privately built houses completed. Since the war, 40 temporary prefabricated bungalows have been built and occupied. 30 houses have been built by private enterprise since the war. The total number of Council houses built since the war to the end of 1949 is 293, composed of 215 permanent brick houses, 38 permanent prefabricated bungalows, and 40 temporary prefabricated bungalows.

## SECTION E.

## Inspection and Supervision of Food.

**Milk Supply** 47 official samples of milk were taken from the retailers of the district and submitted to the Public Analyst. Of these, 40 were genuine, 7 was deficient in non-fatty solids. The Analyst was of the opinion, after applying the freezing test that the latter samples were not adulterated.

41 visits were made to the various cowsheds in the district.

**Ice Cream** Almost all the Ice Cream sold from registered premises in the district is pre-packed and thus free from the risk of contamination due to any handling during the course of sale. No case of illness due to the consumption of suspected ice cream arose during the year, and careful watch was kept on all premises registered for the purpose of sale of ice cream.

**Meat and Food Inspection** The Farm Stores, in Lingwell Gate Lane, Outwood, again started slaughtering pigs for bacon in October, 1949. This has meant a very greatly increased burden on the Sanitary Inspector's Department. At the moment, the rate of slaughtering averages about 250 animals per week. Tables showing meat and food inspected and condemned are given in the Sanitary Inspector's Report.

**Shell-fish** There are no shell-fish layings in this district.

SECTION F.

Prevalence and Control of Infectious and other Diseases.

Statement of Notifications of Infectious Diseases received during the Year 1949.

Cases notified or otherwise ascertained.		Cases removed to Hospital.
Enteric Fever.	Smallpox.	.. 21
	Scarlet Fever.	..
Enteric Fever.	Diphtheria, including Membranous Croup.	..
	Typhoid.	..
Enteric Fever.	Paratyphoid (Primary or influenza).	..
	Pneumonia.	25
Enteric Fever.	Puerperal Pyrexia.	1
	Cerebro-Spinal Fever.	1
Enteric Fever.	Acute Poliomyelitis.	1
	Acute Encephalitis Lethargica.	..
Enteric Fever.	Dysentery.	..
	Ophthalmia Neonatorum.	..
Enteric Fever.	Erysipelas.	5
	Respiratory Tuberculosis (New Cases only).	17
Enteric Fever.	Other Forms of Tuberculosis (New Cases only).	4
	Contracted in this Country.	..
Enteric Fever.	Contracted Abroad.	..
	Induced in Institutions.	..
Enteric Fever.	Chickenpox.	..
	Measles (excluding German Measles).	181
Enteric Fever.	Whooping Cough.	85
	Other Diseases (Please specify)	..
Enteric Fever.	Smallpox.	.. 16
	Scarlet Fever.	..
Enteric Fever.	Diphtheria.	..
	Enteric Fever.	..
Enteric Fever.	Acute Poliomyelitis	1
	Acute Polio-Encephalitis	..
Enteric Fever.	Other Diseases (Please specify disease). Cerebro-Spinal Fever	1

Cases of Notified Infectious Diseases in Age Groups (excluding Tuberculosis)

Disease.		0-1 yr.	1-3 yrs.	3-5 yrs.	5-10 yrs.	10-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	Over 65 years.	Total.
Smallpox	..	M .. F ..	..	..	..	..	..	..	..	..	..
Scarlet Fever	..	M .. F ..	2 3	4 6	1 4	..	..	..	..	..	7 14
Diphtheria	..	M .. F ..	..	..	..	..	..	..	..	..	..
Enteric Fever(including Paratyphoid)		M .. F ..	..	..	..	..	..	..	..	..	..
Pneumonia	..	M .. F ..	..	1 1	4 1	..	..	1 3	4 2	4	15 10
Puerperal Pyrexia	..	M .. F ..	..	..	..	..	..	..	..	..	..
Acute Anterior Poleomyelitis	..	M .. F ..	..	..	..	..	..	..	..	1	1
Acute Anterior Encephalitis	..	M .. F ..	..	..	..	..	..	..	..	..	..
Cerebro-Spinal Fever	..	M .. F ..	..	..	..	..	..	..	..	1	1
Ophthalmia Neonatorum	..	M .. F ..	..	..	..	..	..	..	..	..	..
Erysipelas	..	M .. F ..	..	..	..	..	..	1 1	1 1	1	3 2
Whooping Cough	..	M .. F ..	10 30	15 13	5 3	..	..	..	..	..	37 48
Measles	..	M .. F ..	22 41	40 34	9 19	..	..	..	..	..	77 104
Totals	..	M 13 F 12	34 76	60 54	19 27	.. 2	..	2 4	5 3	7	141 178



# Incidence of Diseases 1949.

Incidence of Disease	January.	February.	March.	April.	May.	June.	July.	August.	Sept.	October.	November.	December.	Total.
Scarlet Fever ..	4	..	1	2	1	3	1	2	3	1	1	2	21
Whooping Cough ..	20	10	9	18	11	7	2	..	..	1	..	7	85
Measles ..	8	10	35	69	34	10	1	3	5	4	2	..	181
Pneumonia ..	3	2	4	3	2	3	1	..	1	..	2	4	25
Erysipelas ..	..	1	..	..	..	..	..	..	1	1	..	2	5
Smallpox ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Paratyphoid ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Pyrexia ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro-Spinal Fever ..	..	..	..	..	1	..	..	..	..	..	..	..	1
Ophthalmia Neonatorum ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery Sonne ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute Poliomyelitis ..	..	..	..	..	..	..	..	1	..	..	..	..	1
Totals ..	35	23	49	92	49	23	5	6	10	7	5	15	319
Scabies ..	..	..	..	..	..	1	..	..	..	..	..	..	1
Totals ..	35	23	49	92	49	24	5	6	10	7	5	15	320

## TUBERCULOSIS.

## Record of Cases during 1949.

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on Register at beginning of year ... ..	17	29	11	2
No. of cases notified for first time during year ... ..	9	8	4	—
No. of cases added to Register otherwise than by notification ... ..	1	1	—	—
No. removed to other districts ... ..	—	2	—	—
No. Cured .. ..	—	5	3	1
No. died from Disease .. ..	1	3	—	—
No. Died from other causes ... ..	—	—	—	—
No. Removed from Register :— Revised diagnosis ... ..	—	1	1	—
No. of cases on Register at end of year ...	26	27	11	1

## Tuberculosis. New Cases and Mortality during 1949.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0—1 year ...	—	—	—	—	—	—	—	—
1—5 years ...	—	—	—	—	—	—	—	—
5—10 „ ...	—	—	1	—	—	—	—	—
10—15 „ ...	—	—	—	—	—	—	—	—
15—20 „ ...	—	2	1	—	—	—	—	—
20—25 „ ...	3	—	1	—	—	—	—	—
25—35 „ ...	2	3	—	—	—	2	—	—
35—45 „ ...	3	2	—	—	—	—	—	—
45—55 „ ..	—	—	1	—	—	1	—	—
55—65 „ ...	—	1	—	—	—	—	—	—
over 65 years ...	1	—	—	—	1	—	—	—
Totals ...	9	8	4	—	1	3	—	—

## Tuberculosis (New Cases) since 1931.

Year	New Cases		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1931 ...	28	5	16	3
1932 ...	17	14	9	4
1933 ...	17	1	8	1
1934 ...	10	3	6	—
1935 ...	11	7	8	1
1936 ...	6	6	6	3
1937 ...	13	7	6	2
1938 ...	9	2	8	—
1939 ...	17	7	5	2
1940 ...	10	6	7	1
1941 ...	10	5	7	2
1942 ...	18	4	10	12
1943 ...	21	3	9	—
1944 ...	7	3	5	1
1945 ...	10	7	2	2
1946 ...	9	8	5	1
1947 ...	12	2	4	1
1948 ...	8	3	4	1
1949 ...	17	4	4	—

## Tuberculosis.

The position regarding Tuberculosis which obtained in 1948, is still unchanged. Indeed, there has been an appreciable worsening of the incidence of new cases recorded. The number of deaths was 4. It is difficult to foresee any improvement until adequate staffing of Sanatoria makes possible the admission of a larger proportion of the highly infectious positive plus cases. Many of these have, perforce, to be discharged to their homes where it is quite impossible to ensure that they remain segregated from their families and neighbours. One slight ray of hope lies in the growing belief that B.C.G. inoculation, now widely used in many Continental countries, will become a weapon of considerable value in increasing the resistance of young children to the disease.

## Other Infectious Diseases.

No epidemic occurred during 1949. One case of Acute Poliomyelitis and one of Cerebro-Spinal Fever occurred and each unfortunately proved fatal.

No case of diphtheria occurred throughout the year, and this can be attributed to the maintained high percentage of children protected by Immunisation.

Scarlet Fever continues mild and a large proportion of cases are, in accordance with modern practice, nursed at home where their family doctor thinks this course advisable. Only 21 cases were notified during the year.

No case of Puerperal Pyrexia was notified.

Measles cases numbered 181, the year being one in which a mild prevalence was expected.

At long last one can say that in the near future, mass Whooping Cough immunisation will become available. Recent reports of carefully conducted and controlled tests indicate that a vaccine of considerable potency will soon become available, and I hope to be able to record in my next Report that immunisation on lines similar to that now practiced with such success against Diphtheria has become routine practice. No death occurred from Whooping Cough.

Once again, the incidence of infestation was negligible. The few school children who were found to be suffering from pediculosis capitis were treated successfully with Lethane Oil. No case of Scabies came to notice during the year.

### Notifiable Diseases (other than Tuberculosis) during the year 1949.

Diseases			Total Cases Notified	Cases admitted to Hospital	Total Deaths		
					M.	F.	TOTAL.
Smallpox	...	...	—	—	—	—	—
Scarlet Fever	...	...	21	16	—	—	—
Diphtheria	...	...	—	—	—	—	—
Paratyphoid	..	...	—	—	—	—	—
Puerperal Pyrexia	...	...	—	—	—	—	—
Pneumonia	...	...	25	—	2	5	7
Acute Poliomyelitis	...	...	1	1	1	—	1
Acute Polioencephalitis	...	...	—	—	—	—	—
Cerebro-Spinal Fever	...	...	1	1	1	—	1
Ophthalmia Neonatorum	...	...	—	—	—	—	—
Erysipelas	...	...	5	—	—	—	—
Whooping Cough	...	...	85	—	—	—	—
Measles	...	...	181	—	—	—	—
Totals	...	...	319	18	4	5	9



## Annual Report upon the Health Services of Division 16 for the year ended 31st December, 1949.

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This Division, which was formed in April, 1947, consists of three Urban Districts of a total population of approximately 54,000 and covers an area of 19,684 acres. The predominant industry is mining but a very large number of the population finds employment in neighbouring County Boroughs, and particularly Leeds. Social conditions are reasonably good with the exception of housing, which, of course, is as unsatisfactory as in all other areas.

By fortunate circumstance, an adequate, modern and well-designed Clinic already existed in the very geographical centre of the Division and within the same curtilage stood a prefabricated nursery hutment which has proved capable of adaptation as a reasonably satisfactory Divisional Office. Thus, many of the difficulties which assailed newly-formed Divisions, were not encountered, and much of the smoothness with which the Service has been built up is due, in my opinion, to this factor.

The Central Office staff consists of:—

The Chief Clerk (Male),  
One Male Clerk,  
Six female clerk-typists.

and here again I count myself fortunate in having secured the services of an energetic and competent team of workers who have consistently displayed zeal and efficiency.

### MEDICAL STAFFING.

The Medical Staff of the Division consists of myself and two Assistant County Medical Officers. No part-time medical practitioners are engaged except, rarely, as locum tenens. Experience has shown that with this medical staff, all necessary duties can be covered adequately, provided the small Child Welfare Clinics are only attended by a Doctor fortnightly. This has been found to give good results and has resulted in a very considerable saving of medical time. The Divisional Medical Officer undertakes some Clinical work and one feels that this is a desirable feature. It ensures, at least, that the Divisional Medical Officer maintains close touch with clinical trends and, in discussion with his colleagues, can pronounce authoritatively on day-to-day problems.

## HEALTH VISITORS.

An original establishment of ten Health Visitors was greatly weakened towards the end of the year by the resignation of three of the staff for domestic reasons. These have not yet been replaced, and the service is consequently suffering to some extent. The greatly increased scope of the Health Visitor's duties and responsibilities has caused some shift of emphasis from Maternity and Child Welfare work to general medico-social work, and not all the staff have yet succeeded in adjusting themselves to the change. Some years must elapse before the new conception is fully accepted and implemented. On the whole, however, the Health Visiting Service has worked satisfactorily and fulfilled adequately its many and varied duties.

One State Registered Nurse is engaged solely on school health duties in the Rothwell Area. This arrangement will only be continued until a numerically adequate Health Visiting Staff can be provided.

## DOMICILIARY MIDWIVES.

Nine Midwives practice in the area, all of whom are supplied with cars and Gas and Air Analgesia machines. No relief Midwife is at present available, but one has been appointed provisionally, and will take up duty as soon as she is provided with transport. The urgent demand for Institutional accommodation has greatly lessened the number of cases undertaken by domiciliary midwives. A further inroad has been made by the greatly increased number of general practitioners' bookings. These reduce the midwives to the status of maternity nurses and are regarded by some of them with some disapproval. One feels that the demand for Institutional admission is not altogether justified by circumstances. The financial factor is one which weighs heavily in some cases, as no charge is made for Institutional care, whereas a patient remaining at home is inevitably put to some expense. One further notes a disinclination on the part of relatives, friends and neighbours to give a helping hand to mothers confined at home. This is a sign of the times and spreads over the whole field of domestic social affairs.

One Midwife attended the course at the Sorrento Hospital, Birmingham, to receive special training in the care of premature babies. A Sorrento cot is in use in the Division and has proved its value on several occasions. Instruction is given by the Sorrento trained Midwife to her colleagues, and she exercises general supervision over the care of all premature babies in this Division.



## HOME NURSING.

The National Health Service Act marked the end of the old District Nursing Associations which had done such good work in the past. The new Home Nursing Service in the Division now comprises ten Nurses of whom three are provided with motor cars. A scheme has been inaugurated by which one nurse acts as relief throughout the Division and this appears to be working smoothly so far. The great and growing shortage of Hospital accommodation for chronic sick marks a correspondingly increased need for provision of Home Nursing assistance. This Service is bound to grow in importance and one is glad to note a spirit of enthusiasm on every side. It is also pleasing to note a growing sense of cohesion amongst the different Home Nurses who, in earlier days, were very hesitant in their approach to the central administration. This atmosphere of caution has now completely disappeared and co-operation is happy and free.

## MENTAL HEALTH SOCIAL WORKER.

One worker is engaged part-time in this Division, and her services have been of great use in the special investigations and visits necessary in this branch of the Social Services.

## HOME HELPS SERVICE.

This has been one of the most difficult services to administer. The complexities arising out of central authorisation, ascertainment of income and payment carried out by the Welfare section, and the necessary casual nature of the work, have given rise to innumerable difficulties. A panel of 21 Home Helps is available throughout the Division and their work, during 1949, was equivalent to the services of  $9\frac{1}{2}$  full-time workers. This service is more liable to abuse than any other. The very greatest vigilance is necessary to ensure that Home Helps are not used as charwomen by the applicants for their services. A rigid system, embracing reports from Health Visitor, Midwife or Home Nurse, supporting certificate from, and frequently personal discussion of case with, the family doctor, has been again and again proved necessary. Even then, instances have come to light of gross abuse. Here again one must record the impression of a diminishing sense of social responsibility throughout large sections of the population. It is common to discover that the case reported as being without help or succour has, within easy reach, a relation or friend who could, but is apparently unwilling, to lend a hand.

At the same time, there is no doubt that the Home Help Service, properly used, is an inestimable boon to many people in distress through sickness or accident. The elderly, the chronic sick, the lying-in mother, all have been very greatly helped. In addition, the service helps to relieve the pressure on Hospital beds and enables many elderly people to carry on in their own home surroundings who, otherwise, would be compelled to seek admission into an Institution.

### **TUBERCULOSIS HEALTH VISITOR.**

Three Tuberculosis Health Visitors work in different sections of the Division. This is an unfortunate necessity and diminishes very considerably the ease of administration of the work. It is fair to say that all three Visitors are co-operative and their reports are received regularly. Inevitably, however, each feels her main loyalty to be to her larger area of work outside the Division. No alteration is possible under present distribution and one can only do the best possible under the circumstances.

### **CLINIC PROVISION.**

With the exception of the Central Clinic at Rothwell, all the premises used for clinic purposes are of makeshift type such as Welfare Halls or Chapels. With one exception they are adequate for the purpose although far from ideal. The one exception, at Stourton, is so bad that no alternative has been possible but to close down. This is to take place in March, 1950. Fortunately the numbers in attendance are exceedingly small and can be adequately cared for at Rothwell. In all, eleven Child Welfare Clinics are held throughout the Division. Attendance during 1949 averaged 48 children weekly per clinic.

There is need for the establishment of one further Welfare Clinic. This has been brought about by the building of some hundred new houses near an existing isolated village. Premises of reasonable suitability have been found and negotiations are proceeding with the Trustees.

### **ANTE-NATAL CLINICS.**

Sessions are held weekly at six Centres and twice monthly at one other centre. Attendances, since the inception of the National Health Service Act, have shown a marked falling off, due to the increased number of cases who now book their own General practitioner. More recently, a slight upward trend has been noted and this may mark a return to a more widespread use of



Clinic facilities. No Consultant Ante-Natal Clinic is now held in the Division, as it is found much more convenient and practicable to refer individual cases to Obstetric Consultants in Wakefield or Leeds. In addition, all cases booked for Institutional admission are referred, at least once, to their Maternity Home or Hospital for ante-natal examination there.

Post-Natal Clinics are not held separately in this Division. Cases attend for post-natal examination on the same days as the Ante-Natal Clinics are held. The number of cases remains small. This is no new experience, and it has always been a matter of very great difficulty to persuade mothers of the desirability of routine post-natal examinations. Persistent efforts at education along these lines have met with very scanty response, but one can only persist.

### CENTRAL CLINIC, ROTHWELL.

As already stated, these premises are adequate and well-designed for our purpose, and fully fill the function of the multilateral clinic. In addition to two Ante-Natal and one Child Welfare Clinic weekly, the following work is undertaken there:—

**Paediatric Clinic.**—Held monthly, at which Dr. Henderson, Consultant Paediatrician attends. Cases are referred from all over the Division, both from the Assistant County Medical Officers and from general practitioners. These latter are kept fully informed and a copy of Dr. Henderson's report is always supplied to them.

**Ophthalmic Clinic.**—Dr. Wittels attends approximately two days monthly and to him are referred all outstanding cases arising in the course of school medical work. The work is now quite up to date and the waiting time for glasses is, I am glad to say, now very considerably reduced, and is, in some instances, as short as a week or two from the date of prescribing. This is in marked contrast to the position a year ago when delays of six months and over were common. There are, however, still some arrears to be made up, with a number of prescriptions still outstanding. Although figures given in the statistical part of the report are as accurate as possible in relation to our actual knowledge, in some cases we only become aware of the position when the child reports for re-examination.

**Ear, Nose and Throat.**—The position in regard to this Service is extremely unsatisfactory. Until April, 1949, Mr. Daw, Aural Registrar from the Leeds General Infirmary, attended two sessions monthly, and held two operative sessions monthly at

Castleford and Normanton Hospital. Thus, until then, there was no waiting list for tonsil and adenoid removal. Owing to a dispute with the Regional Board concerning remuneration, Mr. Daw's services were withdrawn, and so far, it has not been found possible to obtain the services of a successor. This has resulted in a very serious setback. The waiting list at neighbouring Hospitals is said to be from two to three years. One sees cases daily which urgently need treatment, but is able to do nothing about it. Urgent representations are being made with a view to an early resumption of the E.N.T. Service, and hopes are entertained that 1950 will see this valuable branch of the work again active.

**Speech Therapy.**—Miss Shummacher attends at present twice weekly and is doing very valuable work in this sphere. It has been found necessary to "screen" all cases referred to her and this has resulted in a considerable saving of professional time. The Speech Therapy is much appreciated and good results are being obtained in cases amenable to this approach. The work is up to date.

**Ultra Violet Ray.**—Three weekly clinics are held at Rothwell and are well attended. This Service has been run for some years and has proved its value, particularly in relation to the debilitated child who fails to make progress for no obvious reason. It is a rigid rule that no child is accepted for treatment unless he is first examined by a doctor or produces a note from his own general practitioner. Recently a U.V.R. Clinic has been established at Garforth, through the generosity of the former Garforth District Nursing Association, who used their remaining funds to equip the Clinic with a modern, Centrosol lamp and four ceiling heat lamps. This clinic too, is held three times weekly, and caters for the needs of the whole Garforth Urban District.

### ORTHOPAEDIC CLINIC.

This is held weekly at Garforth and is run by Miss Sugden, Orthopaedic Nurse, who is on the staff of the County Medical Officer.

### SCHOOL MEDICAL SERVICE.

The school population of the Division is approximately 7,000. This figure makes it possible for the work to be covered competently by two Assistant County Medical Officers. Dr. Summers undertakes the investigation of Educationally Sub-Normal pupils throughout the Division. Routine school medical inspection tends to be made more difficult by the inadequate and overcrowded premises at many of the older schools. It has been found possible



to make use of alternative nearby premises in some cases. A very happy spirit of co-operation exists with the Heads of almost all the schools and there has been virtually no friction. This relationship facilitates the free exchange of information concerning children who are in need of special care.

**School Premises.**—The majority of schools in this area are reasonably satisfactory from the point of view of structure and sanitation. There are, however, a few exceptions, more particularly amongst the former Church schools, and considerable difficulty has been encountered in one or two instances, in getting really necessary improvements carried out. I am glad to say that in almost all cases, these difficulties have now been satisfactorily overcome. Very few schools are provided with adequate washing facilities and the provision of soap and towels under present conditions raises insuperable difficulties. It is necessary to remember that these schools were built in the days before the provision of school meals, and very few children needed washing facilities. In some schools, efforts are being made, but all the Heads are agreed that adequate arrangements are almost an impossibility.

**Handicapped Pupils.**—Very great difficulty is experienced in obtaining suitable educational accommodation for Handicapped Pupils. There is need for much greater provision and in no branch is this more apparent than in the case of Spastics. For these unfortunates, no provision whatever now exists in this Region. The matter was taken up recently with the Leeds Regional Hospital Board, but no satisfaction was obtained. Spastics are now no longer admitted to Pinderfields, where all efforts are being concentrated on the rehabilitation of convalescent cases of Poliomyelitis. Difficulty also exists in the provision of Institutional accommodation for Epileptics, although, at the moment, a review of the position in this Division suggests that no serious hardship is being caused.

### MENTAL DEFICIENCY.

Seven mentally defective children from this Division are in daily attendance at an Occupation Centre which has been opened in Castleford. Transport is provided and the children seem happy and their parents satisfied. I feel bound to record my view that the greatest value of such Centres is in relief to the unfortunate parents. The children are adequately "minded" and kept busily occupied. I am sceptical as to the permanent value of any

training which can be given to the majority of defectives. At the same time, one feels that something positive is being done for these unfortunates, and I am prepared to modify my criticism in the light of experience.

Institutional accommodation for mental defectives is extremely difficult to obtain. All colonies are full to the point of overcrowding; thus, many cases are perforce kept at home, and the distress caused is very considerable. It is difficult to anticipate any early easing of the situation.

### DAY NURSERY.

A prefabricated, forty-place, Day Nursery is in being at Stourton. This was opened seven years ago and has been consistently full. At the present moment there is a waiting list of over 40 applicants. Originally intended to care for the children of mothers engaged in industry, its scope has now widened considerably and greater emphasis is placed on social needs. Thus, the young children of lying-in mothers, illegitimate children, and those from grossly overcrowded homes, are admitted wherever possible. The very high average attendance throughout the year reflects great credit on the staff. A happy relationship exists between staff and parents, and friction is almost unknown.

### EPIDEMIOLOGY.

The incidence of Infectious Disease has remained consistently low throughout the year. Diphtheria prophylaxis has been steadily carried out. No drives are held as experience shows that these are usually followed by a period of apathy. Immunisation is carried out as a routine measure in all Welfare Clinics. The high percentage of immunised children (76 per cent. under five years) proves that this method works well. During the year, booster doses were given in the schools in the Garforth area. It is my intention, each year, to give booster doses in successive areas in the Division in such a way as to cover the whole school population each three years. The percentage of children immunised in schools stands at 80. It is a matter for very considerable satisfaction that no case of Diphtheria has occurred in the whole Division for three years.

**Vaccination.**—The position in relation to vaccination is less satisfactory. I should estimate that not more than 25 per cent. of mothers are now having their children protected against Smallpox. Vaccination clinics are held periodically at the Central Clinic, and all applications are given early attention.



**Scarlet Fever.**—The procedure, which has been adopted in this Division since its inception, of keeping the majority of Scarlet Fever cases at home, has proved satisfactory. There has been a slight diminution in incidence, and no complications have arisen. Terminal disinfection has been discontinued unless a special request is made by the householder. This, again, has not been accompanied by any unfortunate sequelae.

**Whooping Cough.**—Official permission is still awaited to begin mass immunisation against this disease. The anomalous position has arisen where mothers are urging that their children should receive protection, and one's only recourse at the moment, is to refer them to their own family doctor. Many of these are giving combined A.P.T. and Pertussis immunisation. No controlled figures are obtainable, but there is a general impression that attacks of Whooping Cough in immunised children are of less severity and of shorter duration. One looks forward to the day when the Ministry sanctions general use of a suitable prophylactic.

**Acute Anterior Poliomyelitis.**—Five cases were notified during the year, and there were two deaths attributed to the disease. In no case was it possible to identify the source of infection. No special measures were considered necessary in relation to school closure, etc.

## TUBERCULOSIS.

The position in regard to Tuberculosis remains unsatisfactory, and this is a nation-wide problem. Tuberculosis is now the greatest single factor responsible for deaths in the 15—45 age group. Sanatorium accommodation is woefully inadequate and this, of necessity, means that large numbers of "open" cases are discharged to their homes and constitute a reservoir of infection. Wherever possible, open cases are provided with housing accommodation which ensures that they have a separate room. Open air shelters are provided for suitable cases. These measures, however, are bound to prove inadequate in controlling the spread of infection. The only possible way, in my opinion, to obtain substantial improvement, will be the early provision of greatly increased sanatorium accommodation.

## FOOD POISONING.

No case of Food Poisoning occurred in the Division during 1949, and no complaints regarding food were received.

## HEALTH EDUCATION.

Talks were given throughout the year by the Divisional Medical Officer to Parent-Teachers Associations and to senior classes in schools. They were well received and appeared to arouse some interest. One can only hope that the information offered is being acted upon.

## AMBULANCE SERVICE.

No permanent Ambulance Depot has yet been established in the Division. Ambulances are kept during the day at two points, but return to their main Depot at Wakefield at night. There is some indication that the early gross abuse of this "free" service is diminishing; further, new vehicles have come into use during the year. The Ambulance Officers are courteous and helpful. Difficulties which have arisen are, in my opinion, entirely due to the gross, unfair and unnecessary overloading of the Service. One looks for a progressive tightening up in the use of ambulances and this should lead to elimination of many unfortunate delays.

## RELATIONSHIPS WITH OTHER BODIES.

Close contact has been maintained with the Almoners and Medical Staffs of neighbouring Hospitals. Information has been freely exchanged and discharge reports are now coming through satisfactorily and regularly.

Relationships with general practitioners in the Division have been cordial, almost without exception. No friction has arisen and one notes with pleasure an increasing readiness to contact the Divisional Office in cases relating to the social needs and welfare of patients. Wherever possible, personal contact is made and difficulties are discussed frankly.

Contacts with the staffs of all Departments at County Hall have been close and frequent, and I acknowledge with pleasure the many courtesies and kindnesses which have been shown me during the year. One appreciates the very many difficulties of the central administration and accepts that these are inseparable from the present set-up.

To sum up, there is cause for sober satisfaction in the work of this Health Division during 1949. One feels that good work is being done and that the cost of the Service is being wisely expended. A further trend is the gradual integration of all branches of the Service, the team spirit is spreading throughout all types of personnel and contributes greatly to the benefit of all concerned.

Stanley Urban District Council.

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# ANNUAL REPORT

OF THE

**Sanitary Inspector and Cleansing Superintendent**

(R. BLAKEY, LL.B. (Hons.), D.P.A.)

**For the Year 1949.**

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*To the Chairman and Members of the Stanley Urban District Council,*

GENTLEMEN,

I beg to submit my seventeenth Annual Report upon the work done by your Health Department during the year.

Many of the records of inspections made will be found in the earlier part of the report. I believe that more repair work has been put in hand by owners of property during the past year than in any previous year since the War, but naturally, high labour costs are having some retarding effect. It will be seen from the figures given that great progress has been made in the renewal of defective dustbins, over 94 having been renewed during the year. The Meat Inspection table also shows the considerable attention which has been paid to this particular subject.



**Abatement of Nuisances.**

Number of Privies converted into W.C.'s	...	9
Do. W.C.'s provided	...	9
Do. Choked drains and W.C.'s cleared	...	229
Do. Choked sewers cleared	...	1
Do. Sink wastes repaired	...	10
Do. Defective drains relaid	...	12
Do. New drains laid...	...	—
Do. Gully traps fixed	...	7
Do. Water closets repaired	...	37
Do. Inspection chambers repaired	...	—
Do. Eaves gutters/down spouts repaired	...	41
Do. House roofs and damp walls repaired	...	94
Do. Flooded cellars	...	3
Do. Damp houses remedied	...	63
Do. Damp proof courses fixed	...	—
Do. House floors repaired	...	24
Do. Walls replastered	...	63
Do. New sinks fixed	...	5
Do. Windows re-corded and repaired	...	46
Do. Fireplaces repaired	...	—
Do. Washing coppers repaired	...	11
Do. Defective dustbins removed	...	94
Do. Privy middens abolished	...	9
Do. Ashpits abolished	...	9
Do. Dustbins provided in lieu of ashpits	...	9
Do. Verminous premises	...	38
Do. Dirty premises	...	—
Do. Beetle infested premises	...	15
Do. Rat infested premises	...	243
Do. Burst services	...	26
Do. Ashpits repaired	...	—
Do. W.C. Soil pipes repaired	...	34
Do. Ceilings repaired	...	—
Do. Doors repaired/renewed	...	18
Do. Bath wastes repaired	...	—
Do. Miscellaneous cleansing	...	—
Do. Cooking ranges repaired	...	43
Do. Defective chimneys	...	10
Do. Insanitary yards	...	4
Do. Accumulations of refuse	...	1
Do. Dangerous buildings	...	4
Do. Insufficient W.C. accommodation	...	5

**Meat Inspection.**

Up to October, 1949, as the result of the centralisation of slaughtering, no fresh meat was killed in the district, but in that month, the Farm Stores bacon factory opened up, with the result that regular inspections of pig carcasses had to be carried out.



## Meat Inspections.

Number of visits to slaughterhouse—400.

Number of seizures of unsound meat—369.

Total weight involved ... —1 ton 8 cwts. 22 lbs.

## Pork.

Pork	...	...	15 lbs.	...	Bruises, etc.
Pork	...	...	82 lbs.	...	Bone Taint
Pork	...	...	55 lbs.	...	Decomposition
Pork	...	...	61 lbs.	...	Tuberculosis
Offal--pigs	...	...	200 lbs.	...	Gen. Tuberculosis
Whole carcasses & organs	...	...	416 lbs. (3)	...	Gen. Tuberculosis
Spleens	...	...	2	...	Tuberculosis
Heads	...	...	71	...	Tuberculosis
Livers	...	...	13	...	Necrosis
Livers	...	...	26	...	Cirrhosis
Livers	...	...	1	...	Cysts
Livers	...	...	1	...	Cloudy Swelling
Lungs (sets of)	...	...	21	...	Tuberculosis
Lungs (sets of)	...	...	41	...	Pneumonia
Lungs (sets of)	...	...	22	...	Pleurisy
Plucks	...	...	31	...	Tuberculosis
Plucks	...	...	2	...	Inflammation
Plucks	...	...	1	...	Abscesses
Hearts	...	...	1	...	Endocarditis
Hearts	...	...	23	...	Pericarditis
Mesenteric Fats	..	...	36	...	Tuberculosis
Kidneys	...	...	23	...	Cysts
Kidneys	...	...	13	...	Nephritis
Kidneys	...	...	1	...	Tuberculosis
Carcases--skinned		...	2	...	Urticaria
Stomachs	...	...	9	...	Tuberculosis

## Mutton.

Mutton--English 311½ lbs. ... Decomposition

## Beef.

Lungs (set of)	...	1	...	Tuberculosis
Head and Tongue		1	...	Tuberculosis
Calf Head	...	1 4½ lbs.	...	Decomposition

## Carcases Inspected and Condemned.

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known) ..	—	—	—	—	2236
Number Inspected ..	—	—	—	—	2236
<i>All Diseases except Tuberculosis :—</i>					
Whole carcases condemned	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	—	—	172
Percentage of the number inspected affected with disease other than tuber- culosis ..	—	—	—	—	7.7
<i>Tuberculosis Only :—</i>					
Whole carcases condemned	—	—	—	—	3
Carcases of which some part or organ was condemned	—	—	—	—	126
Percentage of the number inspected affected with tuberculosis ..	—	—	—	—	5.6

## Milk and other Foods.

47 official samples of milk were taken from retailers in the district and submitted to the Public Analyst for his analysis. Of these samples none was found to be deficient in fat. 7 of the samples contained less solids not fat than the law prescribes but application of the freezing test indicated that water had not been added.

49 visits were made for the purpose of inspecting food and it was found necessary to condemn the following :—

Rabbits	...	80 lbs.	...	Decomposition
Raisins	...	42 lbs.	...	Contaminated
Ham	...	120 lbs.	...	Decomposition
Boned Meat	...	92 lbs.	...	Tainted
Corned Beef (tins)	...	330 lbs.	...	Blown
Butter	...	63 lbs.	...	Rancid
Grapes (tins)	...	20 lbs.	...	Blown

### **Cowsheds.**

The Cowsheds of the district have again been regularly inspected during the year. No statutory action was necessary and only minor defects were noted which were rectified. Limewashing was done throughout at the stated premises.

### **Bakehouses.**

23 inspections of the bakehouses of the district were carried out and nothing to complain of was found.

### **Offensive Trades.**

No offensive trade is carried on in the district. Blood boiling in a very small way is carried out by several butchers but not enough to class as a trade. A Knacker's Yard has, during the past year, had various structural improvements carried out and the place is now almost totally renovated.

### **Factories and Workshops.**

53 visits were made to factories and workshops of the district, and the premises were found to be satisfactory. No notice was received from H.M. Inspector of Factories in respect to any defect.

### **Smoke Abatement.**

47 observations of chimneys in the district were taken during the year. Again I have to report that the only chimney from which black smoke has consistently issued was a Colliery chimney. Promises have been made that the plant here is to be electrified and it is hoped that this will be put into operation in the very near future.

### **Housing.**

While considerable attention has been paid to housing inspection, and complaints from householders have received immediate attention, we are still only touching the fringe of the problem in that a number of houses are in a deplorable structural condition and we do not seem to be able to re-house but a very small proportion of the people so badly housed. I am afraid the solution is still a long way ahead and it will only be when more and more houses are built that the remedy will be found.

## Summary of Improvements to Dwelling Houses during 1949.

(a)	Improvements for external dilapidations or to prevent dampness, such as repairs or renewing of gutters, rainwater pipes, walls, provision of open areas, etc. ... ..	484
(b)	Improvements for internal dilapidations or defects, including repairs and renewals to floors, walls, ceilings, windows, and provision of food pantries ...	216
(c)	Improved means of ventilation to living rooms and pantries, such as the insertion of air grates ...	—
(d)	Improvements to closets and ashpits, including the conversion of privies into water closets, substitution of ashbins for ashpits, additional means of closet accommodation. ... ..	87
(e)	Improvements to drainages, including drains re-laid, chambers inserted, ventilation provided, etc.	46

### Overcrowding.

It will be seen from the previous table that 5 cases of overcrowding were relieved during the year by the allocation of Council houses.

### Privy Conversions.

9 privies were converted into water closets during 1949 and an additional 12 were actually in course of conversion at the end of the year but not completed.

In addition to conveniences in use as shown in the table below there were 14 pail closets.

No. and Type of Closet			No. and Type of Ashpits				Cess- pools emptied by Sanitary Staff
Privies to convert in all parts of the District	Water Carriage System		Total No. of Ashpits of all kinds	Privy Ashpits	Dry Ashpits	Bins	
	Fresh Water	Waste Water or Hand Flushed					
124	4,609	12	4,773	82	12	4,679	15



### Cesspools.

The 15 cesspools in the district are cleansed monthly by the Council's own 750 gallon mechanical gully and cesspool emptier. The work is now done satisfactorily, hygienically, and regularly.

### Disinfection.

The Disinfection of infected premises is done by means of formalin lamps.

Number of Disinfections	...	...	21
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### Verminous Premises.

38 houses were found to be infested with bugs and these were sprayed with liquid insecticide, viz., Vermicene, to which D.D.T. is added. A very high standard was obtained by using insecticide and no case had to be re-treated.

No request for sulphur candles was received during the year, a sure sign that the Public are becoming D.D.T. conscious.

### Cockroach Infestation.

15 persons complained of cockroach infestation. Gamm-axene powder was put down in the premises affected and in the majority of cases this proved effective.

### Cleansing and Salvage.

The cleansing of the district is done by direct labour. Bins are emptied at intervals of 7 days except after holidays, when some delay occurs. Three lorries are fully engaged on scavenging and one lorry is used solely for salvage work. Salvage collection is carried on at the same time as the scavenging and since it appears to have become a recognised service, the delay which is caused must be accepted as unavoidable.

During the year, progress has been made in the making of recreation grounds on two of the Council's Housing Estates by means of controlled tips. In other cases refuse collected is deposited on Farmers' tips which, in the majority of cases are a considerable distance from dwellings.

### Miscellaneous Table.

Letters sent out—General	...	...	2671
Informal notices—Housing	...	...	1081
Legal notices—Abatement of Nuisances	...	...	43

I remain, Gentlemen,

Your obedient Servant,

R. BLAKEY.







